

Complete and mail to:

Arizona State Board of Cosmetology 1721 E Broadway Tempe AZ 85282

PERSONAL RENEWAL NOTICE AND APPLICATION

IF YOU DO NOT RENEW ON OR BEFORE YOUR BIRTHDAY, YOUR LICENSE WILL REVERT TO AN INACTIVE STATUS

IF PAID OR POSTMARKED ON OR
BEFORE BIRTHDATE YOUR RENEWAL
FEE IS:

\$30.00
License # _____

IF PAID OR POSTMARKED AFTER YOUR
BIRTHDAY THE TOTAL RENEWAL AND
PENALTY FEE IS:

\$50.00

1. _____
Licensee Signature

2. _____
Social Security Number
REQUIRED (ARS§25-320)

3. COMPLETE ONLY FOR ADDRESS CHANGE

4. COMPLETE ONLY FOR NAME CHANGE:
Copy of LEGAL document enclosed for.
Marriage () Divorce () Other ()

5. _____
Phone Number

6. Are you currently using this license for employment? Yes _____ No _____

FEES ARE NON-REFUNDABLE
www.cosmetology.state.az.us